NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	001A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	105000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	001A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	30000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	002A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	11.24	18	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	6103	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	002A-Q
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Quarterly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	003A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	004A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	005A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	******	0	d/mo	******	******	******	******		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	d/mo	******	******	******	******		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	1	3	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	11.9	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	006A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		04/28/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	008A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	009A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	010A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	011A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	012A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	013A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	014A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	016A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	017A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	018A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	019A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	020A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	021A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	022A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		04/28/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	001A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	105000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	001A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	30000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	002A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	17.42	40	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	5031	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	003A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	004A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	005A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	******	0	d/mo	******	******	******	******		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	d/mo	******	******	******	******		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	8.5	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	006A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	008A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	009A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	010A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	011A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	012A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	013A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	014A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	016A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	017A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	018A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		07/24/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	019A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	020A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		07/24/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	021A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	022A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	001A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	105000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	001A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	30000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	002A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	12.8	16	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	2162	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	003A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	004A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	005A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	******	0	d/mo	******	******	******	******		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	d/mo	******	******	******	******		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	7.7	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	006A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	008A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	009A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	010A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	011A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	012A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	013A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	014A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	016A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	017A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	018A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		07/24/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	019A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	020A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		07/24/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	021A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	022A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	001A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	105000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	001A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	30000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	002A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	11.14	14	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	2637	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	002A-Q
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
04/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Quarterly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	******	******	******	******	******	0	pass=0/fail =1		Quarterly	COMP24
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	******	******	******	******	******	0	pass=0/fail =1		Quarterly	COMP24
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	******	******	******	******	******	0	pass=0/fail =1		Quarterly	COMP24
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	003A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	004A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	005A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	******	0	d/mo	******	******	******	******		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	d/mo	******	******	******	******		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	9.55	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	006A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	008A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	009A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	010A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	011A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	012A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	013A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	014A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	016A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	017A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	018A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		07/24/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	019A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	020A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	021A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	022A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		07/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	001A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	105000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	001A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	30000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	002A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	13.65	16	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	3695	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	003A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	004A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	005A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	******	0	d/mo	******	******	******	******		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	d/mo	******	******	******	******		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	9.2	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	006A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		10/16/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	008A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		10/16/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	009A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	010A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	011A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	012A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	013A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	014A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	016A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	017A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	018A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	019A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	020A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	021A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	022A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	001A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	105000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	001A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	30000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	002A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	13.93	18	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	4530	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	003A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	004A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	005A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	******	0	d/mo	******	******	******	******		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	d/mo	******	******	******	******		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	11.67	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	006A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		10/16/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	008A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	009A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	010A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	011A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	012A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	013A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	014A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	016A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	017A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	018A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	019A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	020A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	021A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	022A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	001A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	105000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	001A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	30000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	002A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	14	17	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	4087	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	002A-Q
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Quarterly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	******	******	******	******	******	0	pass=0/fail =1		Quarterly	COMP24
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	******	******	******	******	******	0	pass=0/fail =1		Quarterly	COMP24
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	******	******	******	******	******	0	pass=0/fail =1		Quarterly	COMP24
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	003A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	004A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	005A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	******	0	d/mo	******	******	******	******		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	d/mo	******	******	******	******		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	10.21	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	006A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	008A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	009A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	010A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	011A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	012A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	013A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	014A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	016A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	017A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	018A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	019A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	020A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		10/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	021A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	022A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	001A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	105000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	001A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	30000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	002A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	13.25	17	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	3969	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	003A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	004A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	005A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	******	0	d/mo	******	******	******	******		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	d/mo	******	******	******	******		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	12.9	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	006A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		01/28/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	008A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	009A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	010A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	011A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	012A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	013A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	014A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	016A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	017A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		01/28/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	018A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		01/28/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	019A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	020A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		01/28/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	021A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	022A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	001A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	105000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	001A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	30000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	002A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	11.9	14.5	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	6662	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	003A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	004A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	005A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	******	0	d/mo	******	******	******	******		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	d/mo	******	******	******	******		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	9.14	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	006A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	008A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	009A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	010A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	011A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	012A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	013A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	014A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	016A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	017A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	018A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	019A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	020A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	021A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	022A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	001A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	105000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	001A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	30000 YTD TOT	bbl	******	******	******	******		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	002A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	15.46	20	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	5870	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	002A-Q
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
10/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Produced Water Quarterly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	******	******	******	******	******	0	pass=0/fail =1		Quarterly	COMP24
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	******	******	******	******	******	0	pass=0/fail =1		Quarterly	COMP24
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	******	******	******	******	******	0	pass=0/fail =1		Quarterly	COMP24
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	003A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	004A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	005A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	******	0	d/mo	******	******	******	******		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	d/mo	******	******	******	******		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	7.57	******	bbl/d	******	******	******	******		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	006A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		01/28/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	008A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	0	Y=1;N=0	******	******	******	******		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	009A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	010A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	011A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	012A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	013A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	014A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	016A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

PERMIT NUMBER	DISCHARGE NUMBER
CAF001156	017A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	018A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078		01/28/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	019A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	3000 YTD TOT	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	020A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	021A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	(805)535-2078		01/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: DCOR, LLC PLATFORM A - CAG280000
ADDRESS: 290 MAPLE COURT, SUITE 290
VENTURA, CA 93003
FACILITY: PLATFORM A
LOCATION: LAT 34 33 18.89 LO 119 61 24.72
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001156	022A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 93003
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

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